

ARTICLE 12. TUBERCULOSIS CONTROL

R9-6-1201. Definitions

In addition to the definitions in A.R.S. § 36-711 and R9-6-101, the following definitions apply in this Article, unless otherwise specified:

1. “Alcoholic beverage” means beer, wine, or spirituous liquor, as defined in A.R.S. § 42-3001, or a liquid containing beer, wine, or spirituous liquor.
2. “Binational health card” means a document that:
 - a. Is given to an individual who is traveling or has traveled between the United States and Mexico, and
 - b. Contains information about antituberculosis treatment that the individual is currently receiving.
3. “Chest-imaging study” means a non-invasive procedure performed on the upper half of an individual’s torso that provides a health care provider with a depiction of the organs and tissues within the upper half of the individual’s torso.
4. “Class-B immigrant” means an individual who:
 - a. Is a citizen of a country other than the United States,
 - b. Has lawfully entered the United States from another country, and
 - c. Before entry into the United States was:
 - i. Diagnosed as a non-infectious active tuberculosis case,
 - ii. Suspected of having non-infectious active tuberculosis,
 - iii. Diagnosed as having latent tuberculosis infection, or
 - iv. Identified as a contact of an infectious active tuberculosis case.
5. “Directly-observed therapy” means a method of providing antituberculosis treatment to an individual in which a health care provider watches as the individual self-administers the antituberculosis treatment.
6. “Excessive alcohol use” means when an individual drinks five or more alcoholic beverages on each of five or more days during a 30-day period.
- ~~1-7.~~ No change (*"Inmate" means an individual who is incarcerated in a correctional facility.*)
- ~~2-8.~~ No change (*"Latent tuberculosis infection" means the presence of Mycobacterium tuberculosis, as evidenced by a positive result from an approved test for tuberculosis, in an individual who:*
 - a. No change (*Has no symptoms of active tuberculosis,*
 - b. No change (*Has no clinical signs of tuberculosis other than the positive result from the approved test for tuberculosis, and*
 - c. No change (*Is not infectious to others.*
9. “Long-term care facility” means an entity:
 - a. Licensed as specified in 9 A.A.C. Chapter 10 or 9 A.A.C. Chapter 20; and

- b. Providing services to individuals as:
 - i. A nursing care institution, as defined in A.R.S. § 36-401;
 - ii. A hospital that provides primarily rehabilitation services, as defined in A.A.C. R9-10-201; or
 - iii. A residential care institution, as defined in A.R.S. § 36-401.
- 10. “LTBI-reportable child” means an individual five years of age or younger who has been diagnosed with latent tuberculosis infection.
- 11. “Repeat approved test for tuberculosis” means an approved test for tuberculosis given to an individual whose preceding approved test for tuberculosis indicated that the individual was not tuberculosis infected.
- 12. “Source case” means an individual believed to have infected an active tuberculosis case, active tuberculosis suspect case, or LTBI-reportable child with tuberculosis.
- 13. “Sputum” means mucous and other materials found in the lungs of an individual that can be coughed up and expelled from the individual’s body.
- 14. “Sputum culture conversion” means when the tests on three successive sputum specimens collected from an active tuberculosis case do not indicate the presence of live *Mycobacterium tuberculosis* bacteria after live *Mycobacterium tuberculosis* bacteria were observed in a previous sputum specimen collected from the active tuberculosis case.
- ~~3-15.~~ No change (*"Symptoms suggestive of tuberculosis" means any of the following that cannot be attributed to a disease or condition other than tuberculosis:*
 - a. No change (A productive cough that has lasted for at least three weeks;
 - b. No change (Coughing up blood; or
 - c. No change (A combination of at least three of the following:
 - i. No change (*Fever,*
 - ii. No change (*Chills,*
 - iii. No change (*Night sweats,*
 - iv. No change (*Fatigue,*
 - v. No change (*Chest pain, and*
 - vi. No change (*Weight loss.*

R9-6-1202. Local Health Agency Reporting Requirements

- ~~A.~~ Within 30 days after receiving information, a local health agency shall report to the Department regarding:
- ~~1.~~ Each individual in its jurisdiction who has been diagnosed with active tuberculosis,
 - ~~2.~~ Each individual in its jurisdiction who is suspected of having active tuberculosis, and
 - ~~3.~~ Each individual in its jurisdiction who is believed to have been exposed to an individual with infectious active tuberculosis.

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- B.** ~~Each report made under subsection (A) shall consist of completed Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 72.9A and B, "Report of Verified Case of Tuberculosis" (January 2003), which is incorporated by reference in R9-6-373, or a completed electronic equivalent to Form CDC 72.9A and B provided by the Department.~~
- A.** Except as provided in subsection (E), for a tuberculosis case or suspect case in its jurisdiction, a local health agency shall:
1. Conduct an epidemiologic investigation of each individual reported to the local health agency by the Department or under R9-6-202 and Article 2, Table 1 who is:
 - a. An active tuberculosis case,
 - b. An active tuberculosis suspect case, or
 - c. An LTBI-reportable child;
 2. Provide or arrange for the tuberculosis case or suspect case to receive health education about tuberculosis and how to prevent transmission and limit disease progression;
 3. Comply with applicable requirements in R9-6-206(D), R9-6-380, and Article 2, Table 4, regarding:
 - a. Submitting information collected during the epidemiologic investigation specified in subsection (A)(1), including information about contacts;
 - b. Ensuring that an active tuberculosis suspect case receives a medical evaluation to determine the active tuberculosis suspect case's tuberculosis status;
 - c. Excluding an infectious active tuberculosis case or suspect case from working; and
 - d. Ensuring that an isolate from each tuberculosis case is submitted to the Arizona State Laboratory;
 4. If the local health agency receives the results of a test to determine the susceptibility of a specimen from a tuberculosis case to drugs used to treat tuberculosis and except as specified in subsection (A)(5), submit to the Department within 10 working days after receiving the results:
 - a. The name of the local health agency;
 - b. The name and telephone number of the individual in the local health agency whom the Department may contact, if necessary, for additional information;
 - c. The identification number assigned by the local health agency to the tuberculosis case;
 - d. The name and date of birth of the tuberculosis case;
 - e. The specimen type;
 - f. The date the specimen was collected;
 - g. The results of the test, including quantitative values if available; and
 - h. The name, address, and telephone number of the health care provider who ordered the test;

5. Notify the Department within five working days after receiving information that an active tuberculosis case has multi-drug resistant tuberculosis and provide to the Department:
 - a. The information specified in subsection (A)(4)(a) through (A)(4)(h);
 - b. A description of the antituberculosis treatment the active tuberculosis case was prescribed prior to testing for multi-drug resistant tuberculosis, including:
 - i. The name of each drug prescribed,
 - ii. The dosage prescribed for each drug,
 - iii. The date antituberculosis treatment of the active tuberculosis case began, and
 - iv. Whether the active tuberculosis case was receiving directly observed therapy;
 - c. The name, address, and telephone number of the health care provider who prescribed the antituberculosis treatment specified in subsection (5)(b), if different from the individual identified in subsection (A)(4)(h);
 - d. If the antituberculosis treatment prescribed for the active tuberculosis case was changed on the basis of the multi-drug resistant tuberculosis information received, a description of the new antituberculosis treatment prescribed for the active tuberculosis case, including:
 - i. The name of each drug prescribed,
 - ii. The dosage prescribed for each drug,
 - iii. The date the new antituberculosis treatment of the active tuberculosis case began, and
 - iv. Whether the active tuberculosis case will be receiving directly observed therapy; and
 - e. The name, address, and telephone number of the health care provider who is prescribing the antituberculosis treatment specified in subsection (5)(d), if different from the individual identified in subsection (A)(4)(h);
6. Monitor an active tuberculosis case to ensure the active tuberculosis case receives an appropriate prescribed course of medication;
7. For an LTBI-reportable child:
 - a. Offer to the parent or guardian of the LTBI-reportable child antituberculosis treatment for the LTBI-reportable child; and
 - b. If the LTBI-reportable child begins antituberculosis treatment, ensure that the LTBI-reportable child receives an appropriate prescribed course of medication;
8. Notify the Department within 10 working days after receiving information that:
 - a. An active tuberculosis case has finished a medically successful complete course of antituberculosis treatment for active tuberculosis;

- b. An LTBI-reportable child has finished a medically successful complete course of antituberculosis treatment for latent tuberculosis infection; and
 - c. An LTBI-reportable child who has begun antituberculosis treatment for latent tuberculosis infection or an active tuberculosis case has ended antituberculosis treatment before a medically successful complete course of antituberculosis treatment has been accomplished;
 - 9. Provide to the Department, with the notification required in subsection (A)(8)(a) or (A)(8)(c) for an active tuberculosis case, the following information in a format provided by the Department:
 - a. The name and address of the active tuberculosis case;
 - b. The identification number assigned by the local health agency to the active tuberculosis case;
 - c. The date the active tuberculosis case was reported to the local health agency;
 - d. Whether the active tuberculosis case:
 - i. Either has not previously been reported to the Department or to another state's public health agency as an active tuberculosis case or has not been reported as an active tuberculosis case within 12 months after completing antituberculosis treatment;
 - ii. Was previously reported as an active tuberculosis case to another state's public health agency;
 - iii. Is receiving antituberculosis treatment that was initiated in another country, or
 - iv. Was previously reported as an active tuberculosis case to the local health agency less than 12 months before the date required in subsection (A)(9)(c);
 - e. The date the local health agency confirmed the diagnosis of active tuberculosis;
 - f. The city, county, and zip code in which the active tuberculosis case lived at the time of diagnosis;
 - g. Whether the active tuberculosis case lived within city limits at the time of diagnosis;
 - h. The date of birth of the active tuberculosis case;
 - i. The race, ethnicity, and gender of the active tuberculosis case;
 - j. If the active tuberculosis case is Native American, the name of the active tuberculosis case's tribe;
 - k. Whether the active tuberculosis case was alive or dead at the time of diagnosis and, if dead:
 - i. The date of death, and
 - ii. Whether tuberculosis was a cause of death;
 - l. The name of the source case and the source case's relationship to the active tuberculosis case;

- m. The country in which the active tuberculosis case was born and, if born outside the United States, the date the active tuberculosis case arrived in the United States;
- n. The identification number assigned to the active tuberculosis case by the U.S. Department of Homeland Security, if applicable;
- o. For an active tuberculosis case 14 years of age or less, whether the active tuberculosis case has lived outside the United States for two months or more and, if so:

 - i. The country or countries in which the active tuberculosis case has lived, and
 - ii. The country of birth of the active tuberculosis case's parents or guardians;
- p. Whether the active tuberculosis case has previously been diagnosed with active tuberculosis and, if so, the year the active tuberculosis case had previously been diagnosed with active tuberculosis;
- q. Whether the tuberculosis case has received antituberculosis treatment for latent tuberculosis infection and, if so, the year antituberculosis treatment for latent tuberculosis infection began;
- r. The locations in the body of the active tuberculosis case where tuberculosis infection has been diagnosed;
- s. Whether an approved test for tuberculosis leading to the diagnosis of tuberculosis was performed for the active tuberculosis case and, if so:

 - i. The type of approved test for tuberculosis performed for the active tuberculosis case;
 - ii. The results of the approved test for tuberculosis, including quantitative results, if available; and
 - iii. The date of the approved test for tuberculosis;
- t. A description of all chest-imaging studies contributing to the diagnosis of tuberculosis, including:

 - i. Whether a chest x-ray was given to the active tuberculosis case and, if so, the results of the chest x-ray; and
 - ii. Whether another type of chest-imaging study was performed for the active tuberculosis case and, if so, the results of the chest-imaging study;
- u. A description of all laboratory or other tests contributing to the diagnosis of tuberculosis, including for each laboratory or other test:

 - i. The type of specimen tested,
 - ii. The date the specimen was collected,
 - iii. The type of test performed, and
 - iv. The results of the test;

- v. If a laboratory test contributing to the diagnosis of tuberculosis, specified in subsection (A)(9)(u), includes an attempt either to determine the presence of live *Mycobacterium tuberculosis* bacteria in the specimen or to match *Mycobacterium tuberculosis* bacteria in the specimen with possible source cases:
 - i. The date the results were reported, and
 - ii. The type of laboratory reporting the results;
- w. Whether the health care provider who diagnosed tuberculosis infection in the active tuberculosis case is working for the Department or a local health agency and, if not, the name of the health care provider;
- x. The reason the active tuberculosis case was medically evaluated for tuberculosis infection;
- y. A description of the active tuberculosis case's risk factors for tuberculosis, including:
 - i. Whether the active tuberculosis case has been tested for HIV infection and, if so, the results of the test and, if available, the identification number assigned by the Department to an HIV-infected active tuberculosis case;
 - ii. Whether the active tuberculosis case was an inmate of a correctional facility at the time of diagnosis;
 - iii. Whether the active tuberculosis case was an inmate of a correctional facility within the 24 months before the diagnosis of active tuberculosis infection;
 - iv. Whether the active tuberculosis case was a resident of a long-term care facility at the time of diagnosis and, if so, the type of long-term care facility; and
 - v. Whether the active tuberculosis case was homeless within the 12 months before the diagnosis of active tuberculosis infection;
- z. Whether the active tuberculosis case has:
 - i. Injected drugs within the previous 12 months that were not prescribed for the active tuberculosis case by the active tuberculosis case's health care provider;
 - ii. Used drugs, other than injectable drugs or over-the-counter medications, within the previous 12 months that were not prescribed for the active tuberculosis case by the active tuberculosis case's health care provider; or
 - iii. A history of excessive alcohol use within the previous 12 months;
- aa. Whether the active tuberculosis case was employed within the 24 months before the diagnosis of active tuberculosis infection and, if so, the occupation of the active tuberculosis case;
- bb. A description of any other risk factors for tuberculosis the active tuberculosis case has;
- cc. If the active tuberculosis case was an inmate of a correctional facility at the time of diagnosis;

- i. The name of the correctional facility;
- ii. The type of correctional facility;
- iii. The date the active tuberculosis case was most recently incarcerated or detained in the correctional facility; and
- iv. The identification number assigned to the active tuberculosis case by the correctional facility, if applicable;
- dd. A description of the antituberculosis treatment prescribed for the active tuberculosis case, including:
 - i. The name of each drug prescribed for the active tuberculosis case at the time of diagnosis;
 - ii. The date antituberculosis treatment began;
 - iii. The date antituberculosis treatment ended;
 - iv. Whether the health care provider who prescribed the antituberculosis treatment for the active tuberculosis case is working for the Department or a local health agency and, if not, the name of the health care provider;
 - v. If the duration of antituberculosis treatment was greater than 12 months, the rationale for continuing antituberculosis treatment beyond 12 months; and
 - vi. The reason antituberculosis treatment of the active tuberculosis case ended;
- ee. A description of the method used to monitor the consistency of antituberculosis treatment, and:
 - i. If antituberculosis treatment was provided through directly observed therapy, the number of weeks of directly observed therapy; and
 - ii. If antituberculosis treatment was provided through a method other than directly observed therapy, the rationale for using a method other than directly observed therapy;
- ff. Whether a specimen was collected from the active tuberculosis case at the time of diagnosis and tested to determine the susceptibility of the specimen to drugs used to treat tuberculosis and, if so:
 - i. The date the specimen was collected,
 - ii. The type of specimen on which the test was performed,
 - iii. The results of the test; and
 - iv. Whether an isolate was submitted to the Arizona State Laboratory;
- gg. Whether a specimen was collected from the active tuberculosis case at the time antituberculosis treatment ended and tested to determine the susceptibility of the specimen to drugs used to treat tuberculosis and, if so:
 - i. The date the specimen was collected from the active tuberculosis case;

- ii. The type of specimen on which the test was performed; and
 - iii. The results of the test;
 - hh. Whether documentation exists for sputum culture conversion and:
 - i. If so, the date of collection of the first of the three successive sputum specimens that do not indicate the presence of live *Mycobacterium tuberculosis* bacteria; and
 - ii. If not, the reason for not documenting sputum culture conversion;
 - ii. Whether the active tuberculosis case moved out of the jurisdiction of the local health agency and, if so whether the active tuberculosis case moved to:
 - i. The jurisdiction of another local health agency and, if so, which local health agency;
 - ii. Another state and, if so, which state; or
 - iii. Another country and, if so, which country;
 - jj. Whether the active tuberculosis case has been or will be tested, medically evaluated, or treated for tuberculosis infection in both the United States and Mexico and, if so:
 - i. The number on the binational health card given to the active tuberculosis case, and
 - ii. The reasons that the active tuberculosis case was given a binational health card;
 - kk. Whether the active tuberculosis case:
 - i. Is a student and, if so, the type of school the active tuberculosis case attends; and
 - ii. Is receiving financial assistance as specified in A.R.S. § 36-716;
 - ll. The date the information is being provided to the Department; and
 - mm. The name and telephone number of the individual in the local health agency whom the Department may contact, if necessary, for additional information; and
10. Provide to the Department, with the notification required in subsection (A)(8)(b) or (A)(8)(c) for an LTBI-reportable child, the following information in a format provided by the Department:
 - a. The identification number assigned by the local health agency to the LTBI-reportable child;
 - b. The date the LTBI-reportable child was reported to the local health agency;
 - c. The county in which the LTBI-reportable child resides;
 - d. The name, address, and telephone number of the LTBI-reportable child;
 - e. Any other name by which the LTBI-reportable child is known, if applicable;
 - f. The mailing address of the LTBI-reportable child, if different from the address required in subsection (A)(10)(d);

- g. The date of birth of the LTBI-reportable child;
- h. The race, ethnicity, and gender of the LTBI-reportable child;
- i. If the LTBI-reportable child is Native American, the name of the LTBI-reportable child's tribe;
- j. The date the local health agency first encountered the LTBI-reportable child;
- k. The reason the LTBI-reportable child was medically evaluated for tuberculosis infection;
- l. Whether the LTBI-reportable child was at increased risk for exposure to tuberculosis because of:
 - i. The LTBI-reportable child's socioeconomic status,
 - ii. The LTBI-reportable child's place of birth, or
 - iii. The LTBI-reportable child's visits to a country with a high incidence of tuberculosis;
- m. A description of the LTBI-reportable child's risk factors for tuberculosis, including:
 - i. Whether the LTBI-reportable child was born in the United States, Mexico, or another country and, if not born in the United States, the date the LTBI-reportable child arrived in the United States and, if applicable, the name of the other country;
 - ii. Whether the LTBI-reportable child has diabetes;
 - iii. Whether the LTBI-reportable child has lung disease, kidney disease, or gastrointestinal disease;
 - iv. Whether the LTBI-reportable child has cancer or has undergone chemotherapy;
 - v. Whether the LTBI-reportable child has hepatitis;
 - vi. Whether the LTBI-reportable child is taking a drug that increases the possibility of the LTBI-reportable child becoming tuberculosis-infected;
 - vii. Whether the LTBI-reportable child has been tested for HIV infection and, if so, the results of the test;
 - viii. If the LTBI-reportable child has not been tested for HIV infection, whether a test for the LTBI-reportable child for HIV infection was offered to the LTBI-reportable child's parent or guardian;
 - ix. Whether the LTBI-reportable child has a previous diagnosis of active tuberculosis and, if so, the year the LTBI-reportable child received a diagnosis of active tuberculosis;
 - x. Whether the LTBI-reportable child has undergone previous antituberculosis treatment and, if so, the outcome of the antituberculosis treatment; and

- xi. Whether the LTBI-reportable child has a documented history of administration of BCG tuberculosis vaccine and, if so, the year the LTBI-reportable child received BCG tuberculosis vaccine;
- n. Whether the LTBI-reportable child has a documented history of a result on an approved test for tuberculosis that is indicative of tuberculosis infection and, if so, the date of the test and the results;
- o. A description of all approved tests for tuberculosis and chest-imaging studies contributing to the diagnosis of latent tuberculosis infection in the LTBI-reportable child, including the dates of each test and the results of each test;
- p. A description of all laboratory or other tests contributing to the diagnosis of latent tuberculosis infection in the LTBI-reportable child, including for each laboratory or other test:
 - i. The type of specimen tested,
 - ii. The date the specimen was collected,
 - iii. The type of test performed, and
 - iv. The results of the test;
- q. Whether the LTBI-reportable child has symptoms suggestive of tuberculosis and, if so, a description of the LTBI-reportable child's symptoms suggestive of tuberculosis;
- r. The name and date of birth of the source case and the source case's relationship to the LTBI-reportable child;
- s. Whether the child's parent or guardian was offered antituberculosis treatment for the child for latent tuberculosis infection and, if so, whether the child's parent or guardian accepted the offer for antituberculosis treatment;
- t. If antituberculosis treatment was begun:
 - i. The name of each drug prescribed for the child,
 - ii. The date antituberculosis treatment began,
 - iii. The recommended duration of antituberculosis treatment,
 - iv. The name of the health care provider who prescribed the antituberculosis treatment,
 - v. The method used to monitor the consistency of antituberculosis treatment,
 - vi. The date antituberculosis treatment ended, and
 - vii. The reason antituberculosis treatment ended;
- u. The date the information is being provided to the Department; and
- v. The name and telephone number of the individual in the local health agency whom the Department may contact, if necessary, for additional information.

B. A local health agency shall provide to the Department, with the notification required in subsection (A)(3)(a) or (A)(8)(c), the following information:

1. For an individual who was reported to the local health agency by the Department or under R9-6-202 and Article 2, Table 1, or is being monitored by the local health agency, as required in subsection (A)(6);
2. When the individual:
 - a. Resides outside the jurisdiction of the local health agency;
 - b. Is moving outside the jurisdiction of the local health agency before the local health agency completes the epidemiologic investigation of the individual or obtains the results of a medical evaluation of the individual; or
 - c. For an individual being monitored by the local health agency, as required in subsection (A)(6), is moving outside the jurisdiction of the local health agency before the individual finishes a medically successful complete course of antituberculosis treatment; and
3. In a format provided by the Department:
 - a. The name and address of the local health agency;
 - b. The name, telephone number, and fax number of the individual in the local health agency whom the Department may contact, if necessary, for additional information;
 - c. Whether the individual is:
 - i. An active tuberculosis case,
 - ii. An active tuberculosis suspect case,
 - iii. An LTBI-reportable child, or;
 - iv. A source case;
 - d. If the individual is an active tuberculosis case, the identification number assigned to the individual:
 - i. By the local health agency, if applicable; and
 - ii. By a correctional facility, if applicable;
 - e. The name of the individual;
 - f. Any other name by which the individual is known, if applicable;
 - g. The date of birth of the individual;
 - h. The gender of the individual;
 - i. The address to which the individual is moving, if known;
 - j. The individual's telephone number at the new address, if known;
 - k. The date the individual is expected to arrive at the new address, if known;

- l. The name and telephone number of an individual who may be contacted, if necessary, about the individual whose information is being reported and the relationship to the individual whose information is being reported;
- m. If the individual is an active tuberculosis case, an active tuberculosis suspect case, or a suspected source case, a description of all approved tests for tuberculosis, chest-imaging studies, or laboratory or other tests on a specimen from the individual, contributing to the diagnosis of tuberculosis or to determining the susceptibility to drugs used to treat tuberculosis, including:

 - i. The types of approved test, chest-imaging study, or laboratory or other test for the individual;
 - ii. The type of specimen tested, if applicable;
 - iii. The date the specimen was collected, if applicable;
 - iv. The results of the approved test for tuberculosis, chest-imaging study, or laboratory or other test for the individual, including quantitative results, if applicable; and
 - v. The date of the approved test for tuberculosis, chest-imaging study, or laboratory or other test for the individual;
- n. If the individual is an active tuberculosis case, an active tuberculosis suspect case, or a suspected source case, the locations in the body of the individual where tuberculosis infection has been diagnosed or is suspected;
- o. If the individual is an LTBI-reportable child, a description of all approved tests for tuberculosis, chest-imaging studies, or laboratory or other tests contributing to the diagnosis of tuberculosis or to determining the susceptibility to drugs used to treat tuberculosis of a specimen from the source case for the individual, including:

 - i. The type of approved test, chest-imaging study, or laboratory or other test for the source case;
 - ii. The type of specimen tested, if applicable;
 - iii. The date the specimen was collected, if applicable;
 - iv. The results of the approved test for tuberculosis, chest-imaging study, or laboratory or other test for the source case, including quantitative results, if applicable; and
 - v. The date of the approved test for tuberculosis, chest-imaging study, or laboratory or other test for the source case;
- p. If the individual is an LTBI-reportable child, a description of all approved tests for tuberculosis or chest-imaging studies contributing to the diagnosis of latent tuberculosis infection for the individual, including:

- i. The type of approved test or chest-imaging study for the individual;
 - ii. The results of the approved test for tuberculosis or chest-imaging study for the individual, including quantitative results, if applicable; and
 - iii. The date of the approved test for tuberculosis or chest-imaging study for the individual;
- q. If the individual is an LTBI-reportable child the date the last known exposure of the individual to the source case and the location and duration of the exposure;
- r. A description of the antituberculosis treatment prescribed for the individual, including:
 - i. The name and dosage of each drug prescribed for the individual;
 - ii. The recommended frequency with which the antituberculosis treatment should be administered to the individual;
 - iii. The date antituberculosis treatment with each drug began;
 - iv. The date antituberculosis treatment with a drug ended, if applicable; and
 - v. The recommended completion date for the antituberculosis treatment;
- s. If the individual is moving to the jurisdiction of another local health agency in Arizona or to another state:
 - i. The race and ethnicity of the individual;
 - ii. Whether an interpreter is needed to communicate with the individual and, if so, the language used by the individual;
 - iii. The name, address, and telephone number of the individual's new health care provider, if known;
 - iv. The method used to monitor the consistency of antituberculosis treatment for the individual;
 - v. If antituberculosis treatment was provided through directly observed therapy, the date of the last directly observed therapy;
 - vi. Any problems or issues encountered by the local health agency in monitoring antituberculosis treatment for the individual, if applicable; and
 - vii. The date the individual was last exposed to the presumed source case, if the individual is an active tuberculosis suspect case or LTBI-reportable child; and
- t. The number of days of antituberculosis treatment drugs given to the individual at the last encounter with the individual, if applicable.

C. Except as provided in subsection (E), for each contact of an infectious active tuberculosis case or suspect case, a local health agency shall:

- 1. Identify each contact;
- 2. Conduct an initial interview of each contact within three working days after receiving a tuberculosis case report;

3. Provide or arrange for each contact to receive:
 - a. Health education about tuberculosis and how to prevent transmission and limit disease progression; and
 - b. A medical evaluation to determine the contact's tuberculosis status;
4. If a medical evaluation of a contact:
 - a. Indicates that the contact has active tuberculosis, comply with the requirements in subsections (A)(3)(c), (A)(3)(d), and (A)(6);
 - b. Indicates that the contact has latent tuberculosis infection:
 - i. Offer antituberculosis treatment to the contact, if appropriate; and
 - ii. If the contact begins antituberculosis treatment, ensure the contact receives an appropriate prescribed course of medication; and
 - c. Is not indicative of tuberculosis infection and was performed less than eight weeks after the contact's last exposure to an infectious active tuberculosis case or suspect case, provide or arrange for another medical evaluation for the contact eight to ten weeks after the contact's last exposure to the infectious active tuberculosis case or suspect case;
5. Exclude a contact with symptoms suggestive of tuberculosis from working until the contact has been evaluated by a physician, physician assistant, or registered nurse practitioner and determined by the physician, physician assistant, or registered nurse practitioner not to be an infectious active tuberculosis case;
6. Submit to the Department, as specified in R9-6-206 and Article 2, Table 4, the following information:
 - a. The identification number assigned by the local health agency to the contact;
 - b. The date the contact was identified by the local health agency;
 - c. The county in which the contact resides;
 - d. The name, address, and telephone number of the contact;
 - e. Any other name by which the contact is known, if applicable;
 - f. The mailing address of the contact, if different from the address required in subsection (C)(6)(d);
 - g. The contact's date of birth;
 - h. The race, ethnicity, and gender of the contact;
 - i. If the contact is Native American, the name of the contact's tribe;
 - j. The date the local health agency first encountered the contact;
 - k. The reason the contact was medically evaluated for tuberculosis infection;
 - l. Whether the contact is at increased risk for exposure to tuberculosis because of:
 - i. The contact's socioeconomic status,

- ii. The contact's place of birth;
 - iii. The contact's visits to a country with a high incidence of tuberculosis, or
 - iv. The contact's occupation and, if so, the contact's occupation;
- m. A description of the contact's risk factors for tuberculosis, including:
 - i. Whether the contact was born in the United States, Mexico, or another country and, if not born in the United States, the date the contact arrived in the United States and the name of the country in which the contact was born;
 - ii. Whether the contact has diabetes;
 - iii. Whether the contact has lung disease, kidney disease, or gastrointestinal disease;
 - iv. Whether the contact has cancer or has undergone chemotherapy;
 - v. Whether the contact has hepatitis;
 - vi. Whether the contact is taking a drug that increases the possibility of the contact becoming tuberculosis-infected;
 - vii. Whether the contact has been tested for HIV infection and, if so, the results of the test;
 - viii. If the contact has not been tested for HIV infection, whether a test for HIV infection was offered;
 - ix. Whether the contact has a previous diagnosis of active tuberculosis and, if so, the year the contact received a diagnosis of active tuberculosis;
 - x. Whether the contact has undergone previous antituberculosis treatment and, if so, the outcome of the antituberculosis treatment; and
 - xi. Whether the contact has a documented history of administration of BCG tuberculosis vaccine and, if so, the year the contact received BCG tuberculosis vaccine;
- n. Whether the contact has a documented history of a result on an approved test for tuberculosis that is indicative of tuberculosis infection and, if so, the date of the test and the results;
- o. Whether the contact has:
 - i. Injected drugs within the previous 12 months that were not prescribed for the contact by the contact's health care provider;
 - ii. Used drugs, other than injectable drugs or over-the-counter medications, within the previous 12 months that were not prescribed for the contact by the contact's health care provider;
 - iii. A history of excessive alcohol use; or
 - iv. Smoked tobacco products within the previous 12 months;

- p. A description of all approved tests for tuberculosis and chest-imaging studies performed for the contact, including the dates and results of each test;
- q. Whether any laboratory or other tests were performed for the contact and, if so, a description of all laboratory or other tests contributing to the diagnosis of active tuberculosis or latent tuberculosis infection in the contact, including for each laboratory or other test:
 - i. The type of specimen tested,
 - ii. The date the specimen was collected,
 - iii. The type of test performed, and
 - iv. The results of the test;
- r. Whether the contact has symptoms suggestive of tuberculosis and, if so, a description of the contact's symptoms suggestive of tuberculosis;
- s. Information about the infectious active tuberculosis case or suspect case to whom the contact was exposed, including:
 - i. The infectious active tuberculosis case or suspect case's name and date of birth, if available;
 - ii. The identification number assigned by a local health agency to the infectious active tuberculosis case or suspect case;
 - iii. The date the infectious active tuberculosis case or suspect case was reported to a local health agency, if available;
 - iv. The date the local health agency to which the infectious active tuberculosis case or suspect case was reported conducted an initial interview of the infectious active tuberculosis case or suspect case, if available;
 - v. The relationship between the infectious active tuberculosis case or suspect case and the contact, if available;
 - vi. The date the contact was last exposed to the infectious active tuberculosis case or suspect case; and
 - vii. If available, whether laboratory tests were performed for the infectious active tuberculosis case or suspect case and, if so, the results of the laboratory tests;
- t. If the contact was exposed to more than one infectious active tuberculosis case or suspect case during the 12 months before the contact was identified by the local health agency, the name, if available, of each other infectious active tuberculosis case or suspect case and the identification number assigned to the infectious active tuberculosis case or suspect case by the local health agency;
- u. Whether the contact was offered antituberculosis treatment and, if so, whether the contact accepted the offer for antituberculosis treatment;

- v. The classification of the contact, using classification specifications provided by the Department, according to the information obtained by the local health agency during the local health agency's epidemiologic investigation of the infectious active tuberculosis case or suspect case to whom the contact was exposed;
 - w. The date the information is being provided to the Department; and
 - x. The name and telephone number of the individual in the local health agency whom the Department may contact, if necessary, for additional information;
- 7. If antituberculosis treatment of the contact was begun, in addition to the information required in subsection (C)(6):
 - a. The name of each drug prescribed for the contact,
 - b. The date antituberculosis treatment began;
 - c. The recommended duration of antituberculosis treatment;
 - d. The name of the health care provider who prescribed the antituberculosis treatment;
 - e. The method used to monitor the consistency of antituberculosis treatment;
 - f. The date antituberculosis treatment ended;
 - g. Whether the contact finished a medically successful complete course of antituberculosis treatment; and
 - h. If antituberculosis treatment ended before a medically successful complete course of antituberculosis treatment has been accomplished, the reason antituberculosis treatment ended; and
- 8. If a contact is either moving outside the jurisdiction of the local health agency before a medical evaluation for tuberculosis has been completed or has been identified as residing outside the jurisdiction of the local health agency, provide to the Department, with the information required in subsection (A)(3)(a), the following information in a format provided by the Department:
 - a. The name and address of the local health agency;
 - b. The name, telephone number, and fax number of the individual in the local health agency whom the Department may contact, if necessary, for additional information;
 - c. That the information is about a contact;
 - d. The identification number assigned to the infectious active tuberculosis case or suspect case to whom the contact was exposed:
 - i. By the local health agency, if applicable; and
 - ii. By a correctional facility, if applicable;
 - e. The name, date of birth, and gender of the contact;
 - f. Any other name by which the contact is known, if applicable;
 - g. The address outside the jurisdiction of the local health agency at which the contact is or will be residing, if known;

- h. The telephone number at the address outside the jurisdiction of the local health agency at which the contact is or will be residing, if known;
- i. The date the contact is expected to arrive at the new address, if applicable;
- j. The name and telephone number of an individual who may be contacted, if necessary, about the contact and the individual's relationship to the contact;
- k. A description of all approved tests for tuberculosis, chest-imaging studies, or laboratory or other tests contributing to the diagnosis of tuberculosis or to determining the susceptibility to drugs used to treat tuberculosis of a specimen from the infectious active tuberculosis case or suspect case to whom the contact was exposed, including:

 - i. The type of approved test, chest-imaging study, or laboratory or other test for the infectious active tuberculosis case or suspect case to whom the contact was exposed;
 - ii. The type of specimen tested, if applicable;
 - iii. The date the specimen was collected, if applicable;
 - iv. The results of the approved test for tuberculosis, chest-imaging study, or laboratory or other test for the infectious active tuberculosis case or suspect case to whom the contact was exposed, including quantitative results, if applicable; and
 - v. The date of the approved test for tuberculosis, chest-imaging study, or laboratory or other test for the infectious active tuberculosis case or suspect case to whom the contact was exposed;
- l. The locations in the body of the infectious active tuberculosis case or suspect case to whom the contact was exposed where tuberculosis infection has been diagnosed or is suspected;
- m. A description of all approved tests for tuberculosis or chest-imaging studies for the contact related to determining if the contact has tuberculosis, including:

 - i. The type of approved test or chest-imaging study for the contact;
 - ii. The results of the approved test for tuberculosis or chest-imaging study for the contact, including quantitative results, if applicable; and
 - iii. The date of the approved test for tuberculosis or chest-imaging study for the contact;
- n. Whether the contact has begun antituberculosis treatment and, if so,

 - i. The name and dosage of each drug prescribed for the contact;
 - ii. The date antituberculosis treatment with each drug began;
 - iii. The date antituberculosis treatment with a drug ended, if applicable; and
 - iv. The recommended completion date for the antituberculosis treatment;

- o. If the contact is moving to or residing in the jurisdiction of another local health agency in Arizona or another state:
 - i. The race and ethnicity of the contact;
 - ii. Whether an interpreter is needed to communicate with the contact and, if so, the language used by the contact;
 - iii. The name, address, and telephone number of the contact's new health care provider, if known; and
 - iv. The date the contact was last exposed to the infectious active tuberculosis case or suspect case and the location and duration of the exposure; and
- p. The number of days of antituberculosis treatment drugs given to the contact at the last encounter with the contact, if applicable.

D. For each LTBI-reportable child, a local health agency shall:

- 1. Attempt to identify the source case, and
- 2. Provide to the Department the information specified in subsection (A)(10), R9-6-206, and Article 2, Table 4.

E. For an active tuberculosis case or suspect case receiving antituberculosis treatment from a health care provider, health care institution, or correctional facility, a local health agency shall:

- 1. Provide advice and assistance, as necessary, to the health care provider or the administrator of the health care institution or correctional facility related to the medical evaluation and antituberculosis treatment of the active tuberculosis case or suspect case;
- 2. Review the information submitted about the active tuberculosis case or suspect case by the:
 - a. Health care provider or the administrator of the health care institution, as required in R9-6-1203(B)(3), R9-6-1203(C)(2), R9-6-1203(D)(2), R9-6-202, and Article 2, Table 1; or
 - b. Administrator of the correctional facility, as required in R9-6-1204(F)(3), R9-6-1204(G)(2), R9-6-1204(G)(4), R9-6-202, and Article 2, Table 1; and
- 3. Obtain from the health care provider, the administrator of the health care institution or correctional facility, or the active tuberculosis case or suspect case any additional information required by the local health agency to enable the local health agency to provide to the Department the information required in R9-6-206, Article 2, Table 4, and, for an active tuberculosis case, subsection (A)(9).

F. For exposures to an infectious active tuberculosis case or suspect case occurring in a health care institution or correctional facility, a local health agency shall:

- 1. Provide advice and assistance, as necessary, to the administrator of the health care institution or correctional facility related to identification, medical evaluation, and, if appropriate,

antituberculosis treatment of the contacts of the infectious active tuberculosis case or suspect case;

2. Review the information submitted about the contacts of infectious active tuberculosis case or suspect case by the:

- a. Administrator of the health care institution, as required in R9-6-1203(E)(4) and R9-6-1203(E)(5); or
- b. Administrator of the correctional facility, as required in R9-6-1204(E)(4) and R9-6-1204(E)(5); and

3. Obtain any additional information required by the local health agency to enable the local health agency to provide to the Department the information required in subsection (C)(6), R9-6-206, and Article 2, Table 4 from:

- a. The administrator of the health care institution or correctional facility; or
- b. If necessary, the contact or active tuberculosis case or infectious active tuberculosis suspect case.

G. Within 10 days after receiving information, under R9-6-1203(F) or R9-6-1204(F)(1)(a), that a repeat approved test for tuberculosis is indicative of tuberculosis infection, a local health agency shall contact the administrator of the health care institution or correctional facility to determine the necessity of providing advice and assistance related to conducting an epidemiologic investigation for each individual whose repeat approved test for tuberculosis is indicative of tuberculosis infection.

H. Within 45 days after receiving information from the Department that an individual is a Class-B immigrant, a local health agency shall:

1. Provide or arrange for the individual to receive:

- a. Health education about tuberculosis and how to prevent transmission and limit disease progression; and
- b. A medical evaluation to determine the individual's tuberculosis status;

2. If a medical evaluation of the individual indicates that the individual has:

- a. Active tuberculosis, comply with the requirements in subsections (A)(3)(c), (A)(3)(d), and (A)(6);
- b. Latent tuberculosis infection:
 - i. Offer antituberculosis treatment to the individual, if appropriate; and
 - ii. If the individual begins antituberculosis treatment, ensure the individual receives an appropriate prescribed course of medication; and

3. Provide to the Department the following information in a format provided by the Department:

- a. Whether an approved test for tuberculosis was performed for the individual and, if so:
 - i. The type of approved test for tuberculosis performed for the individual;

- ii. The results of the approved test for tuberculosis, including quantitative results, if available; and
 - iii. The date of the approved test for tuberculosis;
 - b. Whether a chest x-ray performed for the individual before the individual entered the United States was available and, if so, the result of the local health agency's review of the chest x-ray;
 - c. Whether a chest x-ray was performed for the individual after the individual entered the United States and, if so:
 - i. The results of the chest x-ray; and
 - ii. The results of the comparison of the chest x-ray performed for the individual before the individual entered the United States with the chest x-ray performed for the individual after the individual entered the United States;
 - d. Whether laboratory or other tests related to a diagnosis of tuberculosis were performed for the individual and, if so:
 - i. The type of specimen tested,
 - ii. The date the specimen was collected,
 - iii. The type of test performed,
 - iv. The results of the test; and
 - v. The susceptibility of the specimen from the individual to drugs used to treat tuberculosis;
 - e. Whether antituberculosis treatment was recommended for the individual before the individual entered the United States and, if so:
 - i. The result of the local health agency's review of the antituberculosis treatment recommended for the individual;
 - ii. Whether the description of the individual's antituberculosis treatment was received by the local health agency from the individual, from documentation provided to the local health agency, or from both sources;
 - iii. Whether the individual was receiving antituberculosis treatment at the time the individual entered the United States; and
 - iv. Whether the individual had completed antituberculosis treatment at the time the individual entered the United States;
 - f. The date the local health agency ended activities related to a tuberculosis-related medical evaluation of the individual;
 - g. Whether the local health agency:
 - i. Completed a tuberculosis-related medical evaluation of the individual and, if so, whether antituberculosis treatment was recommended for the individual;

- ii. Began but did not complete a tuberculosis-related medical evaluation of the individual and, if so, the reason the tuberculosis-related medical evaluation was not completed; or
- iii. Did not begin a tuberculosis-related medical evaluation of the individual and, if so, the reason the tuberculosis-related medical evaluation was not begun;
- h. The classification of the individual, using classification specifications provided by the Department, according to the information obtained by the local health agency during the local health agency's tuberculosis-related medical evaluation of the individual;
- i. Whether the local health agency reported the individual to the Department as an active tuberculosis case and, if so the identification number assigned to the individual by the local health agency;
- j. Whether the local health agency began antituberculosis treatment for the individual and, if so:
 - i. The type of antituberculosis treatment, and
 - ii. The date antituberculosis treatment for the individual was begun;
- k. The date the information is being provided to the Department; and
- l. The signature of the physician in the local health agency who performed the tuberculosis-related medical evaluation of the individual.

R9-6-1203. Requirements for Health Care Providers and Health Care Institutions

A. A health care provider and an administrator of a health care institution shall comply with the requirements specified in:

- 1. R9-6-202 when reporting a tuberculosis case or suspect case; and
- 2. R9-6-380 when diagnosing an individual with infectious active tuberculosis or a suspect case.

B. For an active tuberculosis case or suspect case receiving antituberculosis treatment for active tuberculosis from a health care provider or health care institution, the health care provider or the administrator of the health care institution shall:

- 1. Ensure that the active tuberculosis case or suspect case receives an appropriate prescribed course of medication;
- 2. Notify the local health agency within one working day after receiving information that the active tuberculosis case or suspect case has multi-drug resistant tuberculosis; and
- 3. With the notification required in subsection (B)(2), provide to the local health agency the following information:
 - a. The name of the health care provider or health care institution;
 - b. The name and telephone number of the individual providing the information to the local health agency;

- c. The name, address, and telephone number of the health care provider who ordered the test to determine the susceptibility of a specimen from the active tuberculosis case or suspect case to drugs used to treat tuberculosis, if different from the information specified in subsection (B)(3)(a);
- d. The information required in:
 - i. R9-6-1202(A)(4)(d) through R9-6-1202(A)(4)(g), and
 - ii. R9-6-1202(A)(5)(b) and R9-6-1202(A)(5)(d); and
- e. The date the information is being provided to the local health agency.

C. Except as specified in subsection (D), a health care provider or an administrator of the health care institution shall:

- 1. Notify the local health agency within 10 working days after receiving information that an active tuberculosis case or suspect case receiving antituberculosis treatment from the health care provider or health care institution has either:
 - a. Finished a medically successful complete course of antituberculosis treatment; or
 - b. Ended antituberculosis treatment before a medically successful complete course of antituberculosis treatment has been accomplished; and
- 2. With the notification required in subsection (C)(1), provide to the local health agency, in a format provided by the Department, the following information:
 - a. The name, address, and county of the health care provider or health care institution;
 - b. The name and telephone number of the individual providing the information to the local health agency;
 - c. The name, address, and telephone number of the active tuberculosis case or suspect case;
 - d. Any other names by which the active tuberculosis case or suspect case is known;
 - e. The date the health care provider or health care institution determined that the active tuberculosis case or suspect case either:
 - i. Has active tuberculosis, or
 - ii. Does not have active tuberculosis;
 - f. The date the active tuberculosis case or suspect case was reported by the health care provider or health care institution to the local health agency;
 - g. The information specified in R9-6-1202(A)(9)(h), (i), (j), (dd), (ee), (ff), (gg), and (hh);
 - h. The reason the health care provider or health care institution stopped providing antituberculosis treatment for the active tuberculosis case or suspect case; and
 - i. The date the information is being provided to the local health agency.

D. If an active tuberculosis case is either receiving antituberculosis treatment for active tuberculosis from or was offered antituberculosis treatment for active tuberculosis by a health care provider or health care institution, the health care provider or administrator of the health care institution shall:

1. Notify the local health agency within five working days after receiving information that the active tuberculosis case:
 - a. Refuses to accept antituberculosis treatment;
 - b. Ceases to adhere to antituberculosis treatment; or
 - c. Refuses to comply with medical recommendations for voluntary examination, isolation, monitoring, quarantine, or antituberculosis treatment for active tuberculosis; and
2. With the notification required in subsection (D)(1), provide to the local health agency, in a format provided by the Department, the following information:
 - a. The name, address, and county of the health care provider or health care institution;
 - b. The name and telephone number of the individual providing the information to the local health agency;
 - c. The name, address, and telephone number of the active tuberculosis case;
 - d. Any other names by which the active tuberculosis case is known;
 - e. The last physical location at which the active tuberculosis case was known to be;
 - f. The date of birth of the active tuberculosis case;
 - g. The date and results of the most recent approved test for tuberculosis for the active tuberculosis case;
 - h. The date and results of the most recent chest-imaging study for the active tuberculosis case;
 - i. The most recent results of laboratory tests related to tuberculosis for the active tuberculosis case, including:
 - i. The specimen type;
 - ii. The date each specimen was collected;
 - iii. The results of each test, including quantitative values if available; and
 - iv. The name, address, and telephone number of the health care provider who ordered the test;
 - j. A description of the antituberculosis treatment prescribed for the active tuberculosis case, including:
 - i. The name and dosage of each drug prescribed for the active tuberculosis case,
 - ii. The date antituberculosis treatment began,
 - iii. The date antituberculosis treatment ended, and
 - iv. The name of the health care provider who prescribed the antituberculosis treatment for the active tuberculosis case; and

k. The date the information is being provided to the local health agency.

E. For exposures to an infectious active tuberculosis case or suspect case occurring in a health care institution, the administrator of the health care institution shall:

1. Consult with the local health agency having jurisdiction over the area in which the health care institution is located regarding tuberculosis-related:
 - a. Epidemiologic investigations,
 - b. Control measures,
 - c. Antituberculosis treatment, and
 - d. Notification procedures;
2. Have the primary responsibility for identifying and medically evaluating the contacts of the infectious active tuberculosis case or suspect case within the health care institution;
3. Notify the local health agency within 10 working days after receiving information that an individual was identified as a contact, as required in subsection (E)(2);
4. Provide to the local health agency, in a format provided by the Department and with the notification required in subsection (E)(3), the following information:
 - a. The name, address, and county of the health care institution;
 - b. The name and telephone number of the individual providing the information to the local health agency;
 - c. The information specified in R9-6-1202(C)(6)(d) through R9-6-1202(C)(6)(i), R9-6-1202(C)(6)(k) through R9-6-1202(C)(6)(m), and R9-6-1202(C)(6)(o) through R9-6-1202(C)(6)(r) about the contact;
 - d. The date the health care institution identified the contact;
 - e. Whether the health care institution has documentation that the contact has had a result on an approved test for tuberculosis that is indicative of tuberculosis infection and, if so, the date of the test and the results;
 - f. Information about the infectious active tuberculosis case or suspect case to whom the contact was exposed, including:
 - i. The infectious active tuberculosis case or suspect case's name and date of birth;
 - ii. The date the infectious active tuberculosis case or suspect case was reported by the health care institution to a local health agency, if applicable;
 - iii. The relationship between the infectious active tuberculosis case or suspect case and the contact, if available; and
 - iv. The date the contact was last known to have been exposed to the infectious active tuberculosis case or suspect case;
 - g. Whether the contact was offered antituberculosis treatment by the health care institution and, if so, whether the contact accepted the offer for antituberculosis treatment; and

- h. The date the information is being provided to the local health agency; and
- 5. If the health care institution provided antituberculosis treatment to the contact, in addition to the information required in subsection (E)(4), provide to the local health agency:
 - a. The name of each drug prescribed for the contact,
 - b. The date the antituberculosis treatment began,
 - c. The recommended duration of antituberculosis treatment, and
 - d. The name of the health care provider who prescribed the antituberculosis treatment.

F. Within 10 working days after receiving information that, for an individual required under A.A.C. Title 9, Chapter 10 or 20 to show evidence of freedom from tuberculosis infection, a repeat approved test for tuberculosis is indicative of tuberculosis infection, the administrator of the health care institution shall:

- 1. Notify the local health agency that a repeat approved test for tuberculosis for the individual is indicative of tuberculosis infection; and
- 2. Provide to the local health agency, or cooperate with the local health agency to obtain, the following information in a format provided by the Department:
 - a. The name, address, and county of the health care institution;
 - b. The name and telephone number of the individual who is notifying the local health agency;
 - c. The name of the individual;
 - d. Any other names by which the individual is known;
 - e. The individual's date of birth;
 - f. The individual's race, ethnicity, and gender;
 - g. If the individual is Native American, the name of the individual's tribe;
 - h. Whether the health care institution initiated an epidemiologic investigation for the individual;
 - i. If an epidemiologic investigation was initiated by the health care institution, the name of the source case, if determined, or the status of the epidemiologic investigation, if a source case has not yet been determined; and
 - j. The date the local health agency is being notified.

R9-6-1203, R9-6-1204. Tuberculosis Control in Requirements for Correctional Facilities

- ~~**A.** An administrator of a correctional facility shall ensure that:~~
- ~~1. Each new inmate in the correctional facility undergoes a symptom screening for tuberculosis while processing into the correctional facility;~~
 - ~~2. An inmate in whom symptoms suggestive of tuberculosis are detected during screening:~~
 - ~~a. Is immediately:~~
 - ~~i. Placed in airborne infection isolation, or~~

- ii. Required to wear a surgical mask and retained in an environment where exposure to the general inmate population is minimal and the inmate can be observed at all times to be wearing the mask;
 - b. If not immediately placed in airborne infection isolation, is within 24 hours after screening:
 - i. Given a medical evaluation for active tuberculosis, or
 - ii. Transported to a health care institution to be placed in airborne infection isolation; and
 - e. Is given a medical evaluation for active tuberculosis before being released from airborne infection isolation or permitted to stop wearing a surgical mask and released from the environment described in subsection (A)(2)(a)(ii).
- 3. Except as provided in subsection (A)(6), each new inmate who does not have a documented history of a positive result from an approved test for tuberculosis or who has not received an approved test for tuberculosis within the previous 12 months is given an approved test for tuberculosis within seven days after processing into the correctional facility;
- 4. Except as provided in subsection (A)(5), each new inmate who has a positive result from an approved test for tuberculosis or who has a documented history of a positive result from an approved test for tuberculosis is given a chest x ray and a medical evaluation, within 14 days after processing into the correctional facility, to determine whether the inmate has active tuberculosis;
- 5. If an inmate has had a documented negative chest x ray after a positive result from an approved test for tuberculosis, the inmate is not required to have another chest x ray unless the inmate has signs or symptoms of active tuberculosis;
- 6. Each new inmate who is HIV positive, in addition to receiving an approved test for tuberculosis, is given a chest x ray and a medical evaluation within seven days after processing into the correctional facility, to determine whether the inmate has active tuberculosis;
- 7. Each inmate who has a negative result from an approved test for tuberculosis when tested during processing has a repeat approved test for tuberculosis after 12 months of incarceration and every 12 months thereafter during the inmate's term of incarceration
- 8. Each inmate with active tuberculosis is:
 - a. Provided medical treatment that meets accepted standards of medical practice, and
 - b. Placed in airborne infection isolation until no longer infectious; and
- 9. All applicable requirements in 9 A.A.C. 6, Articles 2 and 3 are complied with.
- B.** The requirements of subsection (A) apply to each correctional facility that houses inmates for 14 days or longer and to each inmate who will be incarcerated for 14 days or longer.
- C.** An administrator of a correctional facility, either personally or through a representative, shall:

- ~~1. Unless unable to provide prior notification because of security concerns, notify the local health agency at least one working day before releasing a tuberculosis case or suspect case;~~
- ~~2. If unable to provide prior notification because of security concerns, notify the local health agency within 24 hours after releasing a tuberculosis case or suspect case; and~~
- ~~3. Provide a tuberculosis case or suspect case or an inmate being treated for latent tuberculosis infection the name and address of the local health agency before the case, suspect case, or inmate is released.~~

A. The requirements of this Section apply to:

1. Each correctional facility that houses inmates for 14 days or longer, and
2. Each inmate who will be incarcerated in a correctional facility for 14 days or longer.

B. When an inmate processes into a correctional facility, the administrator of the correctional facility shall ensure that:

1. The inmate undergoes a screening for symptoms suggestive of tuberculosis while processing into the correctional facility;
2. For an inmate in whom symptoms suggestive of tuberculosis are detected during screening:
 - a. Airborne precautions are instituted and, if the inmate is not placed in a room with negative air-pressure ventilation and at least six air exchanges per hour, the inmate is within 24 hours after screening:
 - i. Given a medical evaluation for active tuberculosis, or
 - ii. Transported to a health care institution where airborne precautions are initiated;
 - and
 - b. The inmate is given a medical evaluation for active tuberculosis before being released from airborne precautions;
3. The inmate is given an approved test for tuberculosis within seven calendar days after processing into the correctional facility unless the inmate:
 - a. Has a documented history of a result on an approved test for tuberculosis that is indicative of tuberculosis infection,
 - b. Has a documented history of a necrotic reaction from an approved test for tuberculosis,
 - c. Has a documented history of antituberculosis treatment, or
 - d. Has documentation of receiving, within the 12 months before processing into the correctional facility, a result on an approved test for tuberculosis that indicates that the inmate is not tuberculosis-infected;
4. The inmate is given a chest-imaging study and a medical evaluation to determine whether the inmate has active tuberculosis;

- a. Within 14 calendar days after processing into the correctional facility, if the inmate has a result on the approved test for tuberculosis specified in subsection (B)(3) that is indicative of tuberculosis infection, and
 - b. Within seven calendar days after processing into the correctional facility, if the inmate was not given the approved test for tuberculosis required in subsection (B)(3);
- 5. If the inmate is HIV-infected, the inmate is given within seven calendar days after processing into the correctional facility:
 - a. The approved test for tuberculosis required in subsection (B)(3);
 - b. A chest-imaging study, and
 - c. A medical evaluation to determine whether the inmate has active tuberculosis; and
- 6. The local health agency is notified, as specified in subsection (F), if a chest-imaging study for or medical evaluation of an inmate indicates that the inmate is an active tuberculosis case or suspect case.

C. For each inmate incarcerated in a correctional facility, the administrator of the correctional facility shall ensure that:

- 1. If the inmate received a result on an approved test for tuberculosis that indicated that the inmate was not tuberculosis-infected, the inmate is given a repeat approved test for tuberculosis:
 - a. Within 12 months after incarceration and within every 12 months thereafter during the inmate's term of incarceration if the inmate was tested as specified in subsection (B)(3), and
 - b. No later than 12 months after the date of the previous approved test for tuberculosis and within every 12 months thereafter during the inmate's term of incarceration if the inmate was tested within 12 months before processing into the correctional facility;
- 2. If the inmate receives a result on an approved test for tuberculosis required in subsection (C)(1) that is indicative of tuberculosis infection, the inmate is:
 - a. Given within seven calendar days after receiving the result:
 - i. A chest-imaging study and a medical evaluation to determine whether the inmate has active tuberculosis; or
 - ii. If the inmate has documentation of a chest-imaging study, taken within one month before the date of the approved test for tuberculosis required in subsection (C)(1), that indicates that the inmate is not tuberculosis-infected, a medical evaluation for symptoms suggestive of tuberculosis;
 - b. Given a medical evaluation for symptoms suggestive of tuberculosis within every 12 months thereafter during the inmate's term of incarceration;
 - c. Not required to have another approved test for tuberculosis; and

- d. Unless the inmate has symptoms suggestive of tuberculosis, not required to have another chest-imaging study;
 - 3. If the inmate was given a chest-imaging study and a medical evaluation when processing into the correctional facility, as specified in subsection (B)(4)(b), that indicated that the inmate did not have active tuberculosis, the inmate is:
 - a. Given a medical evaluation for symptoms suggestive of tuberculosis within 12 months after incarceration and within every 12 months thereafter during the inmate's term of incarceration;
 - b. Not required to have an approved test for tuberculosis; and
 - c. Unless the inmate has symptoms suggestive of tuberculosis, not required to have another chest-imaging study;
 - 4. If the inmate is HIV-infected and received a result on an approved test for tuberculosis and chest-imaging study that indicated that the inmate was not tuberculosis-infected, the inmate is given within 12 months after incarceration and within every 12 months thereafter during the inmate's term of incarceration:
 - a. An approved test for tuberculosis,
 - b. A chest-imaging study, and
 - c. A medical evaluation to determine whether the inmate is tuberculosis-infected; and
 - 5. The local health agency is notified, as specified in subsection (F), if:
 - a. A repeat approved test for tuberculosis for the inmate is indicative of tuberculosis infection, or
 - b. A chest-imaging study for or medical evaluation of the inmate indicates that the inmate is an active tuberculosis case or suspect case.
- D.** For an inmate who is an active tuberculosis case or suspect case, the administrator of a correctional facility shall ensure that:
 - 1. Airborne precautions are instituted for the inmate until the inmate is not infectious, as specified in R9-6-380;
 - 2. The inmate is given an appropriate prescribed course of medication; and
 - 3. The inmate is monitored to ensure the inmate receives an appropriate prescribed course of medication.
- E.** For exposures to an active infectious tuberculosis case or suspect case occurring in a correctional facility, the administrator of the correctional facility shall, either personally or through a representative:
 - 1. Consult with the local health agency having jurisdiction over the area in which the correctional facility is located regarding tuberculosis-related:
 - a. Epidemiologic investigations,
 - b. Control measures,

- c. Antituberculosis treatment, and
 - d. Notification procedures:
- 2. Have the primary responsibility for identifying and medically evaluating the contacts of an individual with infectious active tuberculosis within the correctional facility;
- 3. Notify the local health agency within 10 working days after receiving information that an individual was identified as a contact, as required in subsection (E)(2);
- 4. Provide to the local health agency, in a format provided by the Department and with the notification required in subsection (E)(3), the following information:
 - a. The name, address, and county of the correctional facility;
 - b. The name and telephone number of the individual providing the information to the local health agency;
 - c. The information specified in R9-6-1202(C)(6)(d) through R9-6-1202(C)(6)(i), R9-6-1202(C)(6)(k) through R9-6-1202(C)(6)(m), and R9-6-1202(C)(6)(o) through R9-6-1202(C)(6)(r), if available, about the contact;
 - d. If the contact is an inmate, any identification numbers assigned by the correctional facility to the inmate;
 - e. The date the correctional facility identified the contact;
 - f. Whether the correctional facility has documentation that the contact has had a result on an approved test for tuberculosis that is indicative of tuberculosis infection and, if so, the date of the test and the results;
 - g. Information about the infectious active tuberculosis case or suspect case to whom the contact was exposed, including:
 - i. The infectious active tuberculosis case or suspect case's name and date of birth;
 - ii. If the infectious active tuberculosis case or suspect case is an inmate, any identification numbers assigned by the correctional facility to the inmate;
 - iii. The date the infectious active tuberculosis case or suspect case was reported by the correctional facility to a local health agency, if applicable;
 - iv. The relationship between the infectious active tuberculosis case or suspect case and the contact, if available; and
 - v. The date the contact was last known to have been exposed to the infectious active tuberculosis case or suspect case;
 - h. Whether the contact was offered antituberculosis treatment by the correctional facility and, if so, whether the contact accepted the offer for antituberculosis treatment; and
 - i. The date the information is being provided to the local health agency; and
- 5. If the correctional facility provided antituberculosis treatment to the contact, in addition to the information required in subsection (E)(4), provide to the local health agency:

- a. The name of each drug prescribed for the contact,
- b. The date the antituberculosis treatment began,
- c. The recommended duration of antituberculosis treatment, and
- d. The name of the health care provider who prescribed the antituberculosis treatment.

F. An administrator of a correctional facility, either personally or through a representative, shall:

- 1. Notify the local health agency:
 - a. Within 10 working days after receiving information that a repeat approved test for tuberculosis for an inmate is indicative of tuberculosis infection and provide the information specified in subsection (F)(2);
 - b. As specified in R9-6-202, if an inmate or employee is an active tuberculosis case or suspect case; and
 - c. Within one working day after receiving information that an inmate has multi-drug resistant tuberculosis and provide the information specified in subsection (F)(3);
- 2. With the notification required in subsection (F)(1)(a), provide to the local health agency, in a format provided by the Department, the following information:
 - a. The name, address, and county of the correctional facility;
 - b. The name and telephone number of the individual providing the information to the local health agency;
 - c. The name of the inmate;
 - d. Any other names by which the inmate is known;
 - e. Any identification numbers assigned by the correctional facility to the inmate;
 - f. The date of birth of the inmate;
 - g. The race, ethnicity, and gender of the inmate;
 - h. If the inmate is Native American, the name of the inmate's tribe;
 - i. The name of the source case, if determined, or the status of the epidemiologic investigation, if a source case has not yet been determined;
 - j. If the source case for the inmate has been determined, the source case's relationship to the inmate;
 - k. The country in which the inmate was born and, if born outside the United States, the date the inmate arrived in the United States;
 - l. For an inmate who is 14 years of age or less, whether the inmate has lived outside the United States for more than two months and, if so:
 - i. The country or countries in which the inmate has lived, and
 - ii. The country of birth of the inmate's parents or guardians;
 - m. If available, whether the inmate has previously been diagnosed with active tuberculosis and, if so, the year the inmate had previously been diagnosed with active tuberculosis;

- n. Whether the inmate has received antituberculosis treatment for latent tuberculosis infection and, if so, the year antituberculosis treatment for latent tuberculosis infection began;
- o. Whether an approved test for tuberculosis leading to the diagnosis of tuberculosis was performed for the inmate and, if so:

 - i. The type of approved test for tuberculosis performed for the inmate;
 - ii. The results of the approved test for tuberculosis, including quantitative results, if available; and
 - iii. The date of the approved test for tuberculosis;
- p. A description of all chest-imaging studies contributing to the diagnosis of tuberculosis, including:

 - i. Whether a chest-x-ray was given to the inmate and, if so, the results of the chest-x-ray; and
 - ii. Whether another type of chest-imaging study was performed for the inmate and, if so, the results of the chest-imaging study;
- q. A description of all laboratory or other tests contributing to the diagnosis of tuberculosis, if applicable, including for each laboratory or other test:

 - i. The type of specimen tested,
 - ii. The date the specimen was collected,
 - iii. The type of test performed, and
 - iv. The results of the test;
- r. The name and telephone number of health care provider who diagnosed tuberculosis infection in the inmate;
- s. The reason the inmate was medically evaluated for tuberculosis infection;
- t. Whether the inmate was employed within the 24 months before the diagnosis of active tuberculosis infection and, if so, the inmate's occupation;
- u. A description of the inmate's risk factors for tuberculosis, including:

 - i. Whether the inmate has been tested for HIV infection and, if so, the results of the test and, if available, the identification number assigned by the Department to an HIV-infected inmate;
 - ii. Whether the inmate was incarcerated or detained in a correctional facility at the time of diagnosis;
 - iii. Whether the inmate was incarcerated or detained in a correctional facility within the 24 months before the diagnosis of active tuberculosis infection;
 - iv. Whether the inmate was homeless within the 12 months before the diagnosis of active tuberculosis infection; and

- v. A description of any other risk factors for tuberculosis the inmate has; and
 - v. The date the information is being provided to the local health agency; and
 - 3. With the notification required in subsection (F)(1)(c), provide to the local health agency the following information about an inmate with multi-drug resistant tuberculosis:
 - a. The name, address, and county of the correctional facility;
 - b. The name and telephone number of the individual providing the information to the local health agency;
 - c. The name, address, and telephone number of the health care provider who ordered the test to determine the susceptibility of a specimen from the inmate to drugs used to treat tuberculosis;
 - d. The date the inmate was reported by the correctional facility to the local health agency;
 - e. The information required in:
 - i. R9-6-1202(A)(4)(d) through R9-6-1202(A)(4)(g), and
 - ii. R9-6-1202(A)(5)(b) and R9-6-1202(A)(5)(d);
 - f. Any identification numbers assigned by the correctional facility to the inmate; and
 - g. The date the information is being provided to the local health agency.

G. An administrator of a correctional facility, either personally or through a representative, shall:

- 1. Except as specified in subsection (G)(3), notify the local health agency within 10 working days after receiving information that an active tuberculosis case or suspect case receiving antituberculosis treatment from the correctional facility:
 - a. Has finished a medically successful complete course of antituberculosis treatment; or
 - b. Has ended antituberculosis treatment before a medically successful complete course of antituberculosis treatment has been accomplished;
- 2. With the notification required in subsection (G)(1)(a) or (G)(1)(b), provide to the local health agency, in a format provided by the Department, the following information:
 - a. The name, address, and county of the correctional facility;
 - b. The name and telephone number of the individual providing the information to the local health agency;
 - c. The name and address of the correctional facility at which the active tuberculosis case or suspect case was diagnosed with tuberculosis infection, if applicable and different from the correctional facility notifying the local health agency;
 - d. The name of the active tuberculosis case or suspect case;
 - e. Any other names by which the active tuberculosis case or suspect case is known;
 - f. The date the health care provider for the correctional facility determined that the active tuberculosis case or suspect case either:
 - i. Has active tuberculosis, or

- ii. Does not have active tuberculosis;
 - g. Whether the active tuberculosis case or suspect case was alive or dead when antituberculosis treatment ended and, if dead:
 - i. The date of death, and
 - ii. Whether tuberculosis was a cause of death;
 - h. The date the active tuberculosis case or suspect case was reported by the correctional facility to the local health agency;
 - i. The information specified in R9-6-1202(A)(9)(h), (i), (j), (cc), (dd), (ee), (ff), (gg), and (hh);
 - j. The reason the correctional facility stopped providing antituberculosis treatment for the active tuberculosis case or suspect case; and
 - k. The date the information is being provided to the local health agency;
 - 3. For an inmate who is an active tuberculosis case or suspect case, notify the local health agency when the inmate is being released from the correctional facility or transferred to another correctional facility before finishing a medically successful complete course of antituberculosis treatment:
 - a. Unless notification is a security concern, at least two working days before releasing the inmate from the correctional facility or transferring the inmate to another correctional facility; and
 - b. If notification is a security concern, no more than one working day after releasing the inmate from the correctional facility or transferring the inmate to another correctional facility;
 - 4. With the notification required in subsection (G)(3), provide to the local health agency, in a format provided by the Department, the following information:
 - a. The name, address, and county of the correctional facility;
 - b. The name and telephone number of the individual providing the information to the local health agency;
 - c. The inmate's name;
 - d. Any other names by which the inmate is known;
 - e. Any identification numbers assigned by the correctional facility to the inmate;
 - f. The inmate's date of birth;
 - g. For an inmate who is being released from the correctional facility:
 - i. The last known address outside the correctional facility the inmate was known to use; or
 - ii. The address and phone number the inmate will be using, if known;

- h. For an inmate who is being deported from the United States, the information specified in R9-6-1202(B)(3)(h) through R9-6-1202(B)(3)(l), R9-6-1202(B)(3)(n), and R9-6-1202(B)(3)(t);
- i. For an inmate who is being transferred to another correctional facility within the United States:
 - i. The name, address, county, and state of the receiving correctional facility;
 - ii. The information specified in subsection (G)(4)(h);
 - iii. The information specified in R9-6-1202(B)(3)(s)(i) through R9-6-1202(B)(3)(s)(vi); and
 - iv. Any problems the correctional facility encountered in monitoring treatment for the inmate, if applicable;
- j. The date and results of the most recent approved test for tuberculosis for the inmate;
- k. The date and results of the most recent chest-imaging study for the inmate;
- l. The most recent results of laboratory tests related to tuberculosis for the inmate, including:
 - i. The specimen type;
 - ii. The date each specimen was collected;
 - iii. The results of each test, including quantitative values if available; and
 - iv. The name, address, and telephone number of the health care provider who ordered the test;
- m. A description of the antituberculosis treatment prescribed for the inmate, including:
 - i. The name and dosage of each drug prescribed for the inmate,
 - ii. The date antituberculosis treatment began,
 - iii. The date antituberculosis treatment ended, and
 - iv. The name of the health care provider who prescribed the antituberculosis treatment for the inmate; and
- n. The date the information is being provided to the local health agency.

R9-6-1205. Requirements for Clinical Laboratories

A director of a clinical laboratory shall comply with the requirements specified in R9-6-204 and Article 2, Table 3 when:

- 1. Reporting a positive test result for *Mycobacterium tuberculosis* complex,
- 2. Reporting results of a test on a specimen to determine the susceptibility of *Mycobacterium tuberculosis* complex from the specimen to drugs used to treat tuberculosis, or
- 3. Submitting an isolate of *Mycobacterium tuberculosis* complex.

R9-6-1206. Requirements for Shelters

An administrator of a shelter shall:

1. Notify the local health agency within one working day after the administrator of the shelter receives information that an individual using the shelter displays symptoms suggestive of tuberculosis; and
2. Provide to the local health agency the following information:
 - a. The name and address of the shelter;
 - b. The name and telephone number of the individual providing the information to the local health agency;
 - c. The name and physical description of the individual who displays symptoms suggestive of tuberculosis;
 - d. Any other names by which the individual who displays symptoms suggestive of tuberculosis is known;
 - e. The date of birth, if known, or approximate age of the individual who displays symptoms suggestive of tuberculosis; and
 - f. The last physical location at which the individual who displays symptoms suggestive of tuberculosis was known to be.

R9-6-1204. R9-6-1207. Standards of Medical Care

~~A health care provider caring for an afflicted person shall comply with the recommendations for treatment of tuberculosis in American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America: Treatment of Tuberculosis (October 2002), published in 167 American Journal of Respiratory and Critical Care Medicine 603-662 (February 15, 2003), which is incorporated by reference, on file with the Department, and available from the American Thoracic Society, 61 Broadway, New York, NY 10006-2747 or at www.atsjournals.org, unless the health care provider believes, based on the health care provider's professional judgment, that deviation from the recommendations is medically necessary. If a health care provider caring for an afflicted person deviates from the recommendations for treatment of tuberculosis in American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America: Treatment of Tuberculosis (October 2002), the health care provider shall, upon request, explain to the Department or a local health agency the rationale for the deviation. If the tuberculosis control officer determines that deviation from the recommendations for treatment of tuberculosis in American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America: Treatment of Tuberculosis (October 2002), is inappropriate and that the public health and welfare require intervention, the tuberculosis control officer may take charge of the afflicted person's treatment as authorized under A.R.S. § 36-723(C).~~

- A.** A health care provider caring for an active tuberculosis case or suspect case shall comply with the recommendations for treatment of tuberculosis in the Morbidity and Mortality Weekly Report (Volume 52, RR-11, June 20, 2003), Treatment of Tuberculosis, by the American Thoracic Society, Centers for

Disease Control and Prevention, and Infectious Diseases Society of America, which is incorporated by reference, on file with the Department, and available at <http://www.cdc.gov/mmwr/PDF/rr/rr5211.pdf>.

- B.** If a health care provider caring for an active tuberculosis case or suspect case deviates from the recommendations for treatment of tuberculosis specified in subsection (A), the health care provider shall, upon request, explain to the Department or a local health agency the rationale for the deviation.
- C.** If the tuberculosis control officer determines that deviation from the recommendations for treatment of tuberculosis specified in subsection (A), is inappropriate for an active tuberculosis case or suspect case and that the public health and welfare require intervention, the tuberculosis control officer may take charge of the treatment of the active tuberculosis case or suspect case, as authorized under A.R.S. § 36-723(C).
- D.** A health care provider providing antituberculosis treatment for an individual with latent tuberculosis infection shall comply with the recommendations for treatment of latent tuberculosis infection in:
1. The Morbidity and Mortality Weekly Report (Volume 49, RR-6, June 9, 2000), Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection, by the Centers for Disease Control and Prevention, which is incorporated by reference, on file with the Department, and available at <http://www.cdc.gov/mmwr/PDF/rr/rr4906.pdf>; and
 2. The Morbidity and Mortality Weekly Report (Volume 52, No. 31, August 8, 2003), Update: Adverse Event Data and Revised American Thoracic Society/CDC Recommendations Against the Use of Rifampin and Pyrazinamide for Treatment of Latent Tuberculosis Infection - United States, which is incorporated by reference, on file with the Department, and available at <http://www.cdc.gov/mmwr/PDF/wk/mm5231.pdf>.